Dragon, Karen E. (CDC/NIOSH/EID)

From: NIOSH Docket Office (CDC)
Sent: Thursday, May 12, 2016 9:25 AM
To: Sundin, David S. (CDC/NIOSH/DCAS)
Cc: Dragon, Karen E. (CDC/NIOSH/EID)
Subject: FW: McKeel new submission: GSI Docket 140
Attachments: McKeel_GSI-DRSC_letter_5.11.16.pdf

This came in through the Docket e-mail box.

From: Daniel McKeel [mailto:
Sent: Wednesday, May 11, 2016 5:23 PM
To: NIOSH Docket Office (CDC) <niocindocket@cdc.gov>
Cc:
Subject: McKeel new submission: GSI Docket 140

NIOSH Docket Office,

Please consider posting to GSI Docket 140 the attached PDF file as a new submission: Daniel W. McKeel, Jr., M.D., "Case Selection Criteria for NIOSH PER-057 pertaining to the General Steel Industries (GSI) Facility by SC&A and the PRSC." This information has been submitted as a PER-057 agenda item for the ABRWH Procedures Review subcommittee (PRSC) meeting scheduled for Monday, May 16, 2016.

Thank you very much.

-- **Dan McKeel** 5/11/16

Daniel W. McKeel, Jr., MD
GSI, Dow IL and TCC SEC co-petitoiner
SINEW cofounder

Dear Mr. Hinnefeld (DCAS) and Dr. Kotelchuck (DRSC ABRWH),

I ask DFO Ted Katz to please distribute this e-mail and the attached letter with attachments to all members of the Procedures Review subcommittee (PRSC) and to members of the Dose Reconstruction subcommittee (DRSC) of the ABRWH. The PRSC has on its agenda for the May 16, 2016 meeting the selection by SC&A of GSI cases for the PRSC to review under PER-057 (2 page NIOSH/DCAS report issued 3/11/16 that encompassed 196 GSI cases).

Part 1 -- SC&A selection of PER-057 cases for review

THIS PART OF THE MEMO CONTAINS INFORMATION VITAL TO SELECTING PER-057 CASES FOR REVIEW BY THE DRSC ON MAY 16TH. To my knowledge, SC&A has not been included in these discussions I have had with DCAS (Director Hinnefeld) and DOL (DEEOIC Director Leiton and John Vance).

Last September (2015) Rachel Leiton informed Dan McKeel that 12 GSI PER-057 claimants were deceased and that DOL had not found a survivor for them. Under a FOIA request, Ms. Leiton provided McKeel with the names (only) of those 12 deceased presumed survivorless GSI claimants.

John Vance then informed McKeel the DOL Cleveland Office had provided the following information on the group of 100 PER-057 GSI claims with PER POCs greater than the 50% compensation limit:

a) Only 52 of the 100 PER-057 cases qualified for reworks and would be returned to NIOSH;

b) 12 cases had died for whom DOL could not find a survivor;

c) 15 more cases had the wrong (incorrect) employment and did not qualify as General Steel Industry employees. That is, they were INELIGIBLE to be compensated under PER-057;

d) 15 more cases were "new claims". Meaning unclear to Dan McKeel.

None of these data made any sense to Dan McKeel who submitted a list of questions that were answered only in part by Rachel Leiton and John Vance. Rachel Leiton informed McKeel that DOL had gone to all reasonable lengths to answer his questions informally, and therefore he needed to make FOIA requests for any additional information. One of the unanswered questions was the full protocol DOL used to locate survivors. Another incompletely answered question was how could DOL make such an egregious error in misclassifying 15 of 100 or 15% of the PER-057 probably compensable 100 cases. This seemed like an unacceptable error rate. DCAS and Director Hinnefeld stated that determining employment status was solely up to DOL, and that NIOSH performed a dose reconstruction if DOL certified the person worked at an eligible site.

Dan McKeel's position is that NIOSH/DCAS, according to the DCAS website, routinely conducts employment interviews of all claimants as part of the DR

program. During these interviews, claimants are asked targeted questions about site operations. So, for example, a person who had worked only at Granite City Steel, but never at the GSI or the "South Plant" covered 1417 State Street location in Granite City, IL 62040, would probably not know about the two 24-25 MEV Betatrons at GSI. So NIOSH could/should be able to detect an ineligible worker whose interview indicated he/she knew little or nothing about work site practices at GSI, including using the twin Betatrons and twin radium and cobalt-60 sources at GSI to perform MCW uranium and commercial steel NDT inspections. For that to happen 15 times out of 100 in hard to imagine.

McKeel believes the fact that 100 PER-057 cases he reviewed under CDC FOIA 15-00490 indeed had an initial dose reconstruction with a pre-PER POC less than 50% and a PER-057 POC greater than 50% meant that 15 cases could NOT possibly have been new claims under PER-057. FOIA 15-00490 was submitted by McKeel on 3/11/15, the same day the report was issued and the 100 cases PER-057 list was forwarded by NIOSH to DOL.

A sample is attached representing one of 192 "summary dose reconstruction development reports", the term the CDC/ATSDR FOIA office and Lita Aquino chose, which McKeel received on a CD-ROM as the final response to FOIA 15-00490. Those summary DRDR reports contained the following information from NIOSH/DCAS on each of the 192 cases: (a) a pre-PER total dose in Rem, (b) a pre-PER POC percentage to two decimal places, (c) a PER-057 recalculated total dose in Rem based on Appendix BB Rev 1; and (d) a PER-057 POC percentage, based on Appendix BB Rev 1 and IREP data inputs.

Dan McKeel stated his opinion that a 52% accuracy rate for NIOSH determining cases that were to be returned to them under PER-057 for reworks is unacceptable by any criteria. Many of his emails were addressed to DCAS health physicists David Allen and Jim Neton who wrote, owned and reviewed PER-057. Neither person explained the high case selection error rate.

Neither DOL nor NIOSH answered McKeel's questions fully. for this reason, mckeel requests that SC&A examine all 48 cases that DOL **flagged as not meeting NIOSH rework criteria** that were on the list of 100 per-057 cases with per POCs exceeding 50%. An **alternate suggestion** is for SC&A to review 20% of the 192 cases, or 38 cases, to include 5-7 cases in each of the following groups represented among the claims the comprise NIOSH PER-057:

(a) cases with pre-PER and PER POC's less than 50%;

(b) cases with pre-PER and PER POC's greater than 50%;

(c) cases from the 52 that DOL stated would be reworked by NIOSH;

(d) cases from the 12 decreased/no survivor known cohort to determine whether the date of death was prior to or after 3/11/15, the date PER-057 was issued;

(e) cases from the 15 with wrong employment (Not GSI workers);

(f) cases from the 15 "new cases" that, presumably, never had an initial denied claim based on a full NIOSH dose reconstruction under Appendix BB Rev 0 (June 2007).

PLEASE NOTE 1: GSI PER-024 involved four earliest GSI DR using technical guidance ORAUT-OTIB-0004 that is now considered obsolete. Three of 4 of these presumptive "GSI" cases were also ineligible Granite City Steel workers who never worked at the GSI/South Plant 1417 State St. location (see DOL Final Circular 08-02). I am not aware the PRSC or SC&A have ever reviewed GSI PER-024. I obtained redacted case summaries via a FOIA request.

PLEASE NOTE 2: Dan McKeel tracks both NIOSH and DOL weekly EEOICPA GSI in Illinois worksite statistics. Since 3/11/15 when PER-057 was issued and 78 GSI cases had been paid, an additional 66 GSI cases have been paid by DOL. That leaves 34 GSI not paid from the PER-057 list of 100 with PER POC's greater than 50%. SC&A and the PRSC need to investigate these cases in detail.

Part 2 -- Status of 4 GSI cases with full findings reviews postponed by DRSC in October 2014 because cases were to be processed under Appendix BB Rev 1 and PER-057

Director Hinnefeld's reply of 5/5/16 amply confirms my analysis below in several respects. The overarching mandate is the dose reconstruction subcommittee must review only "***completed dose reconstructions***."

The 4 GSI DRSC set 10-13 cases that Stuart now confirms were on the PER-057 short list of 100 with PER POCs greater than 50% that were transmitted to DOL on March 11, 2015, did have an initial NIOSH dose reconstruction which was denied. Only three had reworks. Why did the 4th case not have a rework? Was this due to death, wrongful employment, or some other factor?

The Dose Reconstruction subcommittee (DRSC) of the ABRWH was scheduled to review the findings in these 4 cases at the subcommittee meeting on 10/29/14 while Wanda Munn was the acting chairperson (Dr. Kotelchuck was unable to participate). At that meeting, instead of discussing each finding on each of the 4 cases, the usual DRSC practice, Ms. Munn, with DFO Ted Katz' ready concurrence and approval, had subcommittee members merely read the ten pages of relevant findings matrix material, the actual findings, silently to themselves (a highly unusual practice) with no itemized discussion. DRSC members were asked to pose questions if they had any to make. Thus, the actual findings and their resolutions were not read into the official public ABRWH transcript record that is posted under Docket 140 on the DCAS website.

Dr. Kotelchuck's analysis was to state the prime DRSC mandate was fulfilled because the 4 GSI cases were later discussed by the Board (I assume including the TBD-6000 WG) based on Appendix BB Rev 1 (issued 6/6/16). However, that never has happened to my knowledge. NIOSH or the Board or SC&A have never reviewed or discussed the four GSI cases in any paper based on Appendix BB Rev 1 that I am aware of. PER-057 is based on dose reconstruction development [recalculation]) reports that fail to meet full formal dose reconstruction criteria.

Two of the 4 GSI dose reconstructions on the 10/29/14 DRSC agenda, which were performed under Appendix BB Rev 0 (June 2007), were reviewed by SC&A years ago in a white paper. So many methodological finding errors were detected by SC&A (~2010 as I recall) as to call into question the results of all GSI DR performed to that earlier date. This led to David Allen/DCAS's October 2010 "Path Forward for GSI" white paper in which NIOSH proposed ten revamped DR methods. To this date, FOIA/PA act rules have prevented me from these exact cases. I urge SC&A and the DRSC to carefully scrutinize the PER-057 GSI cohort so that all 196 claimants, including the 34 on the short list with PER-057 POCs greater than 50% that have not yet been compensated, are treated fairly.

Sincerely,

-- *Dan McKeel* May 11, 2016

Attachments (n=8):

DM_ReplyToJVance_1.30.16	Jan 30, 2016, 5:11 PM
DOLowcp_FinalCircular_08-02gsi.grab	Feb 29, 2016, 5:45 AM
FOIA15-490cd_PER057-GSIb.pdf	Feb 17, 2016, 3:25 PM
Leiton_12gsi_NosurvivorNAMES.pdf	Feb 29, 2016, 6:03 AM
RE: PER-057 GSI_Vance_1.29.16.pdf	Jan 29, 2016, 1:35 PM

- Sample PER-057 summary dose reconstruction development report from Dan McKeel's FOIA 15-00490 records (PDF)
- PER-024 for 4 early GSI cases using ORAUT-OTIB-0004
- DRSC transcript 10/29/2014 of Munn review of 4 GSI cases

Contact information
==========
Daniel W. McKeel, Jr., M.D.
General Steel Industries (GSI), Dow Madison IL
and Texas City Chemical SEC co-petitioner
Southern IL Nuclear Energy Workers (SINEW)
cofounder

U.S. Department of Labor

OWCP/DEEOIC
P90020/Rm. C3321
200 Constitution Avenue, N. W.
Washington, D.C. 20210

RCVD 12/21/15
Dwm Jr.

Daniel W. McKeel, Jr., MD

63365&0015 BC01

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation
Washington, DC 20210

DEC 16 2015

Daniel W. McKeel, Jr., MD

RE: Freedom of Information Act Request – Tracking Number 791760

Dear Dr. McKeel:

This letter is in response to your November 17, 2015 Freedom of Information Act (FOIA) request, which was assigned to the Division of Energy Employees Occupational Illness Compensation (DEEOIC) on November 19, 2015. This request has been assigned FOIA tracking number 791760. Please refer to this tracking number in any future correspondence relative to this FOIA request.

Under FOIA, you requested the names of 13 persons, who were part of the National Institute for Occupational Safety and Health (NIOSH) Program Evaluation Report PER-057 General Steel Industries (GSI) cohort of 100 probably compensable claims, for whom Department of Labor had been unable to locate a legally eligible survivor. You stated that you would like to help locate potentially eligible survivors of these deceased employees.

The Privacy Act precludes the release of any record which is contained in a system of records by any means of communication to any person or to any other agency, except pursuant to a written request or with the written consent of the individual to whom the record pertains. The Privacy Act protections apply to Energy Employees Occupational Illness Compensation Program Act (EEOICPA) claimants. However, an individual's privacy interests cease upon his or her death.

After following all appropriate procedures to locate all known and potentially-eligible survivors, DEEOIC has been unable to locate survivors for 12 deceased employees who were part of the PER-057 GSI cohort. DEEOIC has conducted careful individual reviews regarding each of these 12 deceased GSI employees' cases, but we are unable to locate survivors and have no information to indicate that there is a survivor who is compiling the initial information to file an EEOICPA survivor's claim. Therefore, after careful consideration of the special circumstances involved in this matter, I have decided to release the list of names of the 12 deceased GSI employees for whom we have been unable to locate

survivors. Accordingly, as requested, below are the names of the GSI cases where no survivors have been located:

I believe that DEEOIC has been responsive to your request. There are no fees associated with this response, and this letter completes our action concerning your request.

You may file an appeal of this decision with the Solicitor of Labor within 90 days from the date of this letter. The appeal must state, in writing, the grounds for the appeal, including any supporting statement or arguments. In order to facilitate processing of the appeal, please include your mailing address and daytime telephone number, as well as a copy of the initial request and this letter. The envelope and letter of the appeal should be clearly marked "Freedom of Information Act Appeal." Any amendment to the appeal must be made in writing and received prior to a decision. The appeal should be addressed to the Solicitor of Labor, Division of Management and Administrative Legal Services, U.S. Department of Labor, 200 Constitution Avenue, N.W., Room N-2420, Washington, D.C. 20210. Appeals may also be submitted by email to foiaappeal@dol.gov. Appeals submitted to any other email address will not be accepted.

Sincerely,

Rachel P. Leiton

Rachel P. Leiton
Director, Division of Energy Employees
Occupational Illness Compensation

EEOICPA CIRCULAR NO. 08-02 November 1, 2007

SUBJECT: This Circular clarifies coverage for the General Steel Industries facility in Granite City, Illinois.

A recent review of documentation pertaining to General Steel Industries in Granite City, Illinois has resulted in additional information regarding the location of this designated atomic weapons employer (AWE). The address of the AWE known as "General Steel Industries" is 1417 State Street in Granite City, Illinois. The building at 1417 State Street is part of what was later known as Granite City Steel's "South Plant." For a claim to receive consideration under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), it must be established that the employee worked at the 1417 State Street address, or within the South Plant generally.

General Steel Industries performed weapons-related work from 1953 to 1966. During that period, however, "Granite City Steel" coexisted as a separate company in Granite City, IL. This has led to some confusion because Granite City Steel is shown as an "also known as" name for this AWE. The purpose of this circular is to clarify the facility definition by providing specific information about the address of the AWE, which was not previously identified. This circular is for clarification purposes only and does not change actual EEOICPA coverage for this facility in any way.

This particular General Steel Industries plant ceased operations in 1972 and was then purchased by Granite City Steel. Granite City Steel was itself a subsidiary of National Steel Corporation. Since Granite City Steel and National Steel Corporation are "subsequent owners or operators" of the 1417 State Street AWE facility (which had residual radioactive contamination until remediation in 1993), they are validly characterized under the category of "also known as." To be an AWE employee, the worker must have been employed by and at General Steel Industries or employed by a subsequent owner/operator (Granite City Steel) at the General Steel Industries' location at 1417 State Street.

Granite City Steel's other plant in Granite City is not covered. Its

location is variously described as being on 20th or 21st Streets because 20th Street serves as the major transportation route to the plant, but it also has a Madison Street address.

PETER M. TURCIC
Director, Division of Energy Employees
Occupational Illness Compensation

Distribution List No. 1: Claims Examiners, Supervisory Claims Examiners, Technical Assistants, Customer Service Representatives, Fiscal Officers, FAB District Managers, Operation Chiefs, Hearing Representatives, District Office Mail & File Section

From: Vance, John - OWCP <Vance.John@dol.gov>
To: 'Daniel McKeel'
Cc: Leiton, Rachel - OWCP <Leiton.Rachel@dol.gov>
Subject: RE: PER-057 GSI compensation payments
Date: Fri, Jan 29, 2016 9:48 am

Dr. McKeel – I'm responding for Rachel.

1. What process does DEEOIC use to triage PER-057 GSI cases through the FAB? In other worlds, how is it decided which cases go to the FAB in a particular temporal order (first to last)? For example, is it the order in which NIOSH returns the reworked ("reworks") DR's and OCAS-1 letters to DOL? Or, do DEEOIC and FAB use some other metric? I would like to reassure those waiting for compensation based on PER-057 and AppBB Rev 1 that the claims payment process used by DEEOIC and FAB is fair and impartial.

We did triage the original list of cases we received from NIOSH to determine next steps (e.g. further development, referral to NIOSH etc.). Once any development is undertaken and/or case is referred to NIOSH and returned, the RD is issued. Once a recommended decision is issued to the claimant, this cohort of cases is not treated differently than other cases pending a final decision. Various metrics are applied based on DEEOIC operational planning to ensure all cases are processed in a timely manner. In the case of GSI case with receipt of a properly completed waiver of objections – the DEEOIC operational plan requires timely processing within 30 days of the waiver. Our most recent operational timeliness reporting (FYQ1 – 2016) for all cases shows FAB processing cases with a 96.44% success rate on this goal.

Issue final decision on claims in cases in which a right to hearing or review of the written record has been waived within:	
30 days of receipt of the **Waiver**	**2193**
Total	**2274**
Target 90%	**96.44%**
Average Days	**24**

We continue to monitor performance of FAB to ensure it exceeds expectations for finalizing recommended decisions in a timely and equitable fashion, including those related to the GSI PER-057.

2. Will DEEOIC please provide me with a plausible reason why adjudication of the 41 residual cases on the PER-057 short list is taking so long and is progressing at such a slow rate?

I asked to the Cleveland District Office to report out manually on the status of the claims. Here is the information provided -

-There were 100 total cases

- 52 mod orders to reopen previously denied cases with new recommended decisions issued

-12 cases where survivors were not located (*Working with* *to get contact information* – he's working one-on-one with the assistant Director in CLE on the matter)

-4 cases are presently with NIOSH and we're waiting for the NRs (*One has a newly deceased employee –working to get survivor claim*)

-1 case under development for referral NIOSH (checking status as to delay)

-1 cases were denied by RD -dose reconstruction was 49.02% *(I did have on of our HPs validate the results and he was unable to identify any change to outcome)*

-15 cases had no covered employment and were incorrectly identified for consideration as part of the PER

-15 cases had RD without mod orders as they were new claimants

3. Can DEEOIC project a target date for when all 100 PER-057 short list claims (those with PER POCs =/>50%) will be finally adjudicated by the FAB and DOL?

We are unable to provide a specific target date for completion due to the numerous factors that arise in these decisions, as you can see above. In some cases, a review of employment revealed the employee did not work at the covered location for GSI, or the employee passed away and we have new survivor claims, or the medical changed and the new dose reconstruction is more complicated. All of these issues require different amounts of time to process, and so we do not feel comfortable providing specific target dates for completion of all of the listed cases. In addition, we have a lot of other cases in the queue, some of which may require expedited processing or prioritization for any number of reasons (including terminal claimants). We are processing the GSI cases as quickly and efficiently as possible along with all of our other cases requiring resolution.

From: Daniel McKeel
Sent: Tuesday, January 26, 2016 12:39 PM
To: Leiton, Rachel - OWCP; Vance, John - OWCP
Cc:
Subject: PER-057 GSI compensation payments

Rachel Leiton, DEEOIC Director, DOL OWCP

Dear Ms. Leiton,

NIOSH issued PER-057 for the GSI IL site on March 11, 2015. That groundbreaking document showed that dose recalculations by NIOSH for 100 denied part B claims using Appendix BB Rev 1 (issued June 6, 2014) had POCs elevated above the 50% compensation limit.

Just before the March 11, 2015 issue date for PER-057, DOL weekly updated Statistics by State and Site showed that 78 GSI cases had received EEOICPA compensation. Two of these cases were for part E claims; the rest were for part B.

From 3/11/15 through 1/24/2016, DOL had compensated a total 227 GSI claims and 125 GSI cases, a gain of 47 paid cases under PER-057. Through a recent FOIA, you provided me with the names of 12 other GSI part B decedents, who have no known survivor that were on the PER-057 list of 100 probably compensate cases. That leaves 100 minus 59 cases paid or deceased with no survivor equals 41 GSI cases that remain on the probably complensable, not yet paid, carryover list from PER-057. DOL 1/24/16 statistics indicate that 9 GSI cases are at NIOSH awaiting DR or OCAS-1 forms

to be signed.

Thus, in 10 months and 14 days (10.5 months), DOL had adjudicated 59 or 59% of the 100 GSI PER -057 cases or 5.6 cases/month total, including the 12 deceased no survivor cases. I assume all 59 of these cases have been reviewed by the FAB. Actual payments to the 47 paid GSI PER-057 claims have been at the monthly rate of 4.5 cases/month. This payment rate seems very slow to me.

As part of my following PER-057, I have obtained 194 summary dose reconstruction 1 to 3 page-long reports from NIOSH by the FOIA process. The summaries I received from CDC/NIOSH included pre-PER-057 and PER-057 total radiation doses in Rem and POC percentages. Personal identifying information was omitted, including from the 12 deceased claimants DOL identified. In addition, I reviewed two allegedly complete NIOSH dose reconstruction development reports, both unredacted, which had many more files and file types (Word .doc, html, Excel .xls spreadsheets) compared to the summary DRDR from the CDC FOIA.

My related questions to the above background information that prompt this letter are as follows:

1. What process does DEEOIC use to triage PER-057 GSI cases through the FAB? In other worlds, how is it decided which cases go to the FAB in a particular temporal order (first to last)? For example, is it the order in which NIOSH returns the reworked ("reworks") DR's and OCAS-1 letters to DOL? Or, do DEEOIC and FAB use some other metric? I would like to reassure those waiting for compensation based on PER-057 and AppBB Rev 1 that the claims payment process used by DEEOIC and FAB is fair and impartial.

2. Will DEEOIC please provide me with a plausible reason why adjudication of the 41 residual cases on the PER-057 short list is taking so long and is progressing at such a slow rate?

3. Can DEEOIC project a target date for when all 100 PER-057 short list claims (those with PER POCs =/>50%) will be finally adjudicated by the FAB and DOL?

Thank you for considering my request.

Sincerely,

-- **Dan McKeel** January 26, 2016 Tuesday

Daniel W. McKeel, Jr., MD
GSI, Dow IL and TCC SEC co-petitioner
SINEW cofounder

filename: DM_ReplyToJVance_1.30.16.rtfd

Dr. McKeel – I'm responding for Rachel.

1. What process does DEEOIC use to triage PER-057 GSI cases through the FAB? In other worlds, how is it decided which cases go to the FAB in a particular temporal order (first to last)? For example, is it the order in which NIOSH returns the reworked ("reworks") DR's and OCAS-1 letters to DOL? Or, do DEEOIC and FAB use some other metric? I would like to reassure those waiting for compensation based on PER-057 and AppBB Rev 1 that the claims payment process used by DEEOIC and FAB is fair and impartial.

We did triage the original list of cases we received from NIOSH to determine next steps (e.g. further development, referral to NIOSH etc.). Once any development is undertaken and/or case is referred to NIOSH and returned, the RD is issued. Once a recommended decision is issued to the claimant, this cohort of cases is not treated differently than other cases pending a final decision. Various metrics are applied based on DEEOIC operational planning to ensure all cases are processed in a timely manner. In the case of GSI case with receipt of a properly completed waiver of objections – the DEEOIC operational plan requires timely processing within 30 days of the waiver. Our most recent operational timeliness reporting (FYQ1 – 2016) for all cases shows FAB processing cases with a 96.44% success rate on this goal.

Issue final decision on claims in cases in which a right to hearing or review of the written record has been waived within:	
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Total	**2274**
Target 90%	**96.44%**
Average Days	**24**

We continue to monitor performance of FAB to ensure it exceeds expectations for finalizing recommended decisions in a timely and equitable fashion, including those related to the GSI PER-057.

McKeel question: Has a record of decision been made on all 100 PER-057 short list of probably compensable cases been made as of January 30, 2016?

MCKEEL Comment to your answer to McKeel question 1

Your answer only partly addresses my concern and overall is very confusing. I believe this is because you were speaking in generalities that don't necessarily apply specifically to GSI PER-057. **[more...]**

2. Will DEEOIC please provide me with a plausible reason why adjudication of the 41 residual cases on the PER-057 short list is taking so long and is progressing at such a slow rate?

I asked to the Cleveland District Office to report out manually on the status of the claims. Here is the information provided -

-There were 100 total cases

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-12 cases where survivors were not located (*Working with to get contact information* – he's working one-on-one with the assistant Director in CLE on the matter)

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-15 cases had no covered employment and were incorrectly identified for consideration as part of the PER

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MCKEEL RESPONSE to question 2

Your answer from Cleveland District office staff is puzzling, partly because you use jargon terms such as "mod" and "NRs" and "denied by RD" with which I am not familiar, and ask for you to please clarify. In addition, your reply cites facts that are difficult to accept as possibly being applicable to the 100 PER-057 GSI cases with PER POCs =/>50% after being assessed using Rev 1 of GSI Appendix BB issued June 6, 2014. All 100 PER-057 cases had a previous dose reconstruction and were denied.

I will address your answer points in order:

[Q2, **Point 1**] SINEW records compiled by [redacted] law firm for the GSI and Dow Illinois plant EEOICPA claimants show that 95% resided in Illinois in the Cleveland District office Service area. The other 5% of GSI and Dow IL claimants lived in Missouri in the Denver District office service area.

- My question to point [1] is: ***Were all of the PER-057 short list of 100 probably compensable claims submitted from Illinois residents?***

[Q2, **Point 2**] McKeel Question: I do not see how only 52 orders to reopen previously denied cases with new recommended decisions issued could possibly be accurate. The NIOSH PER-057 document, compiled by David Allen and Jim Neton in Stuart Hinnefeld's DCAS division, specifically applied to 196 cases. Of those 100 PER-057 claims were determined to have been denied initially. NIOSH recalculated the total internal. external and occupational radiation doses in Rem and assigned a new POC prior to issuing the PER-057 document on March 11, 2015. Through FOIA I obtained all 100 PER-057 case "**dose reconstruction development** summary **reports**" (a term the CDC FOIA office in Atlanta used) that were generated prior to releasing PER-057. NIOSH, according to DCAS Director Hinnefeld, forwarded the PER-057 short list of 100 cases to Dept. of Labor on 3/11/15. I personally verified that ALL 100 cases consisted of a pre-PER and a PER-057 total radiation dose in Rems, and of a pre-PER and PER-057 POC expressed as a percentage with two decimal points (Ex. 50.96%). ALL 100 cases on the PER-057 short list had POCs that equalled or exceeded the compensation limit of 50.00%.

[Q2, **Point 3 comment**] Rachel Leiton and DOL provided me the names

of the 12 deceased no survivor PER-057 claimants in response to a FOIA request from me. I shared those names with ! . I was unable to learn exactly what steps DOL had taken to determine the absence of legal heirs that could have, or have filed survivor part B EEOICPA claims.

[Q2, **point 4 comment & question**] You state "4 cases are presently with NIOSH and we're waiting for the NRs (One was a newly deceased employee -working to get survivor claim."

McKeel Questions:

(a) What are NRs?

(b) Were all 100 PER-057 GSI claimants alive on 3/11/15 when NIOSH issued PER-057? If not, how many total short list of 100 PER-057 compensable cases (based on PER POC) have died since 3/11/15?

[Q2, **point 5 questions**] This sentence is incomplete and needs clarification.

(a) Is the phrase "for referral NIOSH" lacking the word "to" before the word NIOSH?

(b) What does "under development" mean with respect to a case that was part of PER-057 issued 3/11/15?

(c) Who is checking "status as to delay" and does this mean reason why there has been a delay?

(d) Grammar is confusing "1 cases" and "were denied" should read "1 case.. was denied", and (e) I don't understand the term "denied by RD -the PER POC had to be over the 50% compensation limit to even get on the PER-057 short list of 100 cases that were defined as of 3/11/15 by having Appendix BB Rev 1 and PER-057 POCs =/>50%. This point makes me wonder whether the Cleveland office CEs fully understand what a PER document represents? The feedback ! and I have gotten from Many GSI and Dow PER-057 and PER-058 claimants was that manny CEs and CE supervisors at both DOL and NIOSH were unaware of the full ramifications of a NIOSH Program Evaluation Report (PER) or the preferred way these documents were to be implemented.

[Q2, **point 6 comment & questions**] My comment is the "fact" that 15 cases, according to you via the Cleveland DOL District Office, *"had no*

covered employment and were incorrectly identified for consideration as part of the PER" is astounding and very disturbing.

McKeel question: If employment misidentification by NIOSH is true and accurate as the Cleveland office reports, then huge amounts of taxpayer money have been wasted by DOL and NIOSH incompetence. It is primarily DOL's job to make certain of legitimate employment BEFORE referring a claim to NIOSH for dose reconstruction. That employment misidentification should happen in 15 of 100 cases is a truly astonishing indictment of HHS/ CDC/NIOSH/DCAS and of DOL monitoring what they do.

McKeel further comment: I am sure that all of these other EEOICPA implementing agencies will want to respond to your rather drastic charge. If such is the case, then gross malfeasance of doing their job should be charged and action taken to relieve those responsible of their jobs! I will have to bring this matter up with NIOSH (DCAS Director Hinnefeld and others) if your follow up answer does not allay my apprehension.

[Q2, **point 7 comment & questions**] My comment is that ALL 100 CASES on the PER-057 short list of 100 claims with PER POCs =/>50% had previous NIOSH dose reconstructions. I verified this personally by reviewing all 194 summary dose reconstruction development reports I received as part of CDC FOIA 15-00490. Exactly 100 PER-057 cases had the following data: (1) pre-PER total radiation dose in Rems, (2) pre-PER POC percentage, (3) PER-057 total radiation dose in Rems, and (4) PER-057 POC percentage. Thus, the 100 PER-057 cases could not have included your point 7 cases described as *"15 cases had RD (unfamiliar term to me) without mod orders (what are "mod orders"?) as they were new claimants."*

McKeel question: I challenge the statement in entirety and assert that 15 cases on the NIOSH short list sent to DOL on 3/11/15 could NOT have been "new claimants." DO YOU AGREE?

3. Can DEEOIC project a target date for when all 100 PER-057 short list claims (those with PER POCs =/>50%) will be finally adjudicated by the FAB and DOL?

We are unable to provide a specific target date for completion due to the numerous factors that arise in these decisions, as you can see above. In

some cases, a review of employment revealed the employee did not work at the covered location for GSI, or the employee passed away and we have new survivor claims, or the medical changed and the new dose reconstruction is more complicated. All of these issues require different amounts of time to process, and so we do not feel comfortable providing specific target dates for completion of all of the listed cases. In addition, we have a lot of other cases in the queue, some of which may require expedited processing or prioritization for any number of reasons (including terminal claimants). We are processing the GSI cases as quickly and efficiently as possible along with all of our other cases requiring resolution.

MCKEEL RESPONSE to question 3

Your answer [more...]

FOIA 15-00490 (PER-057) CD: 192 CASES FROM GSI (received 9/4/15) version 1 [9/6/15]											
CLAIM#	PRE T-DOSE	PER T-DOSE	CHANGE	PRE POC	PER POC	CHANGE	PAYABLE	Page/238	Notes		
0	53.833	130.817	2.43	46.98%	78.07%	1.66	YES 100	1			
00	23.51	41.339	1.76	21.30%	32.43%	1.52	NO•	2+3	GSI + DOW 10	Op+Res both	
1c	27.689	164.759	5.95	30.39%	78.46%	2.58	YES 01	4			
2	27.309	62.201	2.28	33.49%	63.81%	1.91	YES 02	5			
3	3.558	4.817	1.35	4.12%	5.24%	1.27	NO*	6	residual period only		
4	88.636	129.149	1.46	49.23%	72.65%	1.48	YES 03	7			
5	51.849	42.301	0.82	40.89%	40.00%	0.98	NO***	8	Dose+PoC drop why		
6	34.417	63.655	1.85	38.10%	62.95%	1.65	YES 04	9			
7	46.873	84.292	1.80	37.52%	64.39%	1.72	YES 05	10			
8	77.704	111.147	1.43	49.22%	70.67%	1.44	YES 06	11			
9	86.865	167.093	1.92	36.23	73.81	2.04	YES 07	12			
10	8.58	33.927	3.95	10.29%	42.73%	4.15	NO*	13-14			
11	82.173	137.136	1.67	36.24%	68.13%	1.88	YES 08	15			
12	13.128	25.187	1.92	21.90%	43.29%	1.98	NO*	16-17 +Dow	GSI + DOW 1		
13	3.522	4.817	1.37	5.58%	7.26%	1.30	NO*	18			
14	24.133	46.405	1.92	26.60%	54.58%	2.05	YES 09	19			
15	59.586	139.556	2.34	46.82%	77.44%	1.65	Yes 10	20			
16	32.182	85.436	2.65	38.79%	69.31%	1.79	Yes 11	21			
17	12.178	77.803	6.39	13.49%	62.16%	4.61	Yes 12	22			
18	48.285	113.42	2.35	42.88%	73.24%	1.71	Yes 13	23			
19	27.998	144.448	5.16	40.63%	85.69%	2.11	Yes 14	24			
20	14.608	33.718	2.31	14.05%	36.93%	2.63	NO*	25			
21	7.091	12.202	1.72	7.84%	13.87%	1.77	NO*	26			
22	41.900	102.897	2.46	41.81%	74.26%	1.78	YES 15	27			
23	5.349	7.505	1.40	7.72%	10.41%	1.35	NO*	28			
24	4.845	6.560	1.35	12.31%	15.91%	1.29	NO*	29			
25	55.337	132.618	2.40	47.63%	79.06%	1.66	YES 16	30			
26	68.100	144.031	2.11	37.13%	65.75%	1.77	YES 17	31			
27	26.832	163.594	6.10	34.10%	84.91%	2.49	YES 18	32			
28	35.466	61.253	1.73	35.78%	58.50%	1.63	YES 19	33			
29	10.723	40.73	3.80	21.94%	64.39%	2.93	YES 20	34			
30	8.582	20.697	2.41	8.83%	19.34%	2.19	NO	35-36			
31	38.513	67.844	1.76	2.84%	8.68%	3.06	NO	37			
32	9.043	12.246	1.35	9.42%	12.22%	1.30	NO*	38-39	[3] doses		

33	9.036	22.418	2.48	15.98%	42.56%	2.66	NO*	40	type CA?		
34	18.105	22.644	1.25	0.21%	0.86%	4.10	NO*	41	Office wrker?		
35	77.809	126.57	1.63	26.68%	49.57%	1.86	NO*	42	SCA must review		
36	49.521	118.556	2.39	47.29%	73.28%	1.55	YES 21	43-44	1 Dose N/A?		
37	5.601	14.657	2.62	11.28%	33.92%	3.01	NO	45			
38	11.855	21.444	1.81	15.04%	21.46%	1.43	NO*	46-47	GSI + DOW 2		
39	76.161	120.094	1.58	27.52%	50.74%	1.84	YES 22	48			
40	8.249	27.754	3.36	17.72%	50.63%	2.86	YES 23	49-50	[2] ext. doses		
41	61.866	144.712	2.34	47.43%	76.73%	1.62	YES 24	51			
42	8.322	26.668	3.20	11.49%	38.33%	3.34	NO	52-53			
43	0.866	1.07	1.24	0.92%	1.13%	1.23	NO*	54	residual period only		
44	29.305	144.833	4.94	38.30%	84.41%	2.20	YES 25	55			
45	18.907	53.241	2.82	16.49%	38.51%	2.34	NO*	56-57	Organ(s) CA type?		
46	21.669	113.558	5.24	28.18%	77.51%	2.75	YES 26	58			
47	36.587	63.575	1.74	41.21%	61.70%	1.50	YES 27	59			
48	8.341	30.974	3.71	19.26%	59.66%	3.10	YES 28	60			
49	11.787	36.121	3.06	25.95%	68.93%	2.66	YES 29	61			
50	5.568	23.535	4.23	7.12%	32.56%	4.57	NO*	62-63	Low PoC organ job?		
51	50.960	129.590	2.54	39.07%	75.55%	1.93	YES 30	64			
52	6.890	27.921	4.05	11.60%	39.78%	3.43	NO	65			
53	21.179	56.372	2.66	33.48%	63.72%	1.90	YES 31	66			
54	16.126	69.206	4.29	41.75%	70.34%	1.68	YES 32	67			
55	44.368	69.637	1.57	38.89%	67.95%	1.75	YES 33	68			
56	51.188	47.703	0.93	44.43%	78.28%	1.76	YES 34	69			
57	0.919	1.244	1.35	1.62%	2.19%	1.35	NO*	70	residual period only		
58	92.132	126.899	1.38	39.82%	56.76%	1.43	YES 35	71-72			
59	84.078	124.035	1.48	37.88%	60.47%	1.60	YES 36	73			
60	22.586	139.457	6.17	23.81%	78.97%	3.32	YES 37	74			
61	1.149	1.955	1.70	1.39%	2.20%	1.58	NO*	75	residual period only		
62	53.169	113.871	2.14	42.04%	72.47%	1.72	YES 38	76			
63	44.019	77.271	1.76	13.13%	35.37%	2.69	NO*	77	low PoC for dose		
64	15.111	68.756	4.55	11.87%	58.69%	4.94	YES 39	78			
65	8.378	21.595	2.58	9.15%	27.49%	3.00	NO*	79-80	low PoC yrs organ?		
66	16.658	45.736	2.75	16.53%	45.11%	2.73	NO*	81-82	review near limit		
67	0.145	0.198	1.37	0.29%	0.40%	1.38	NO*	83	residual period only		
68	93.321	83.950	0.90	44.75%	55.93%	1.25	YES 40*	84	Internal drop-WHY?		
69	14.217	67.074	4.72	43.04%	86.20%	2.00	YES 41	85			

70	5.270	17.983	3.41	45.33%	80.45%	1.77	YES 42	86	low dose high PoC?		
71	7.950	30.143	3.79	10.39%	40.98%	3.94	NO*	87-88	review near limit		
72	16.963	31.320	1.85	27.21%	49.74%	1.83	NO*	89	must review 49.74%		
73	13.831	42.342	3.06	30.53%	69.41%	2.27	YES 43	90-91			
74	6.828	35.237	5.16	34.13%	82.80%	2.43	YES 44	92	huge jumps -why?		
75	51.048	105.039	2.06	46.61%	75.22%	1.61	YES 45	93			
76	26.967	163.698	6.07	25.87%	79.62%	3.08	YES 46	94	highest dose jump		
77	9.348	37.796	4.04	12.66%	46.32%	3.66	NO*	95-96	review near limit		
78	74.111	106.600	1.44	42.85%	59.79%	1.40	YES 47	97			
79	26.216	120.777	4.61	28.94%	78.05%	2.70	YES 48	98			
80	35.451	53.327	1.50	6.77%	18.02%	2.66	NO*	99	low PoC organ CA?		
81	25.390	8.626	0.34	32.64%	15.40%	0.47	NO*	100-101	PER PoC major drop		
82	49.040	128.051	2.61	40.85%	74.69%	1.83	YES 49	102			
83	86.929	127.828	1.47	49.14%	73.04%	1.49	YES 50	103			
84	27.079	32.856	1.21	19.86%	34.87%	1.76	NO*	104-105			
85	7.291	23.566	3.23	34.31%	75.47%	2.20	YES 51	106-107			
86	45.458	56.307	1.24	41.77%	54.00%	1.29	YES 52	108			
87	2.051	5.095	2.48	2.19%	6.23%	2.84	NO*	109-110	Dose+PoC low why?		
88	64.948	99.398	1.53	27.06%	50.88%	1.88	YES 53	111			
89	49.792	121.058	2.43	38.91%	73.68%	1.89	YES 54	112			
90	73.084	164.504	2.25	43.11%	73.48%	1.70	YES 55	113			
91	5.837	25.219	4.32	10.49%	45.72%	4.36	NO**	114-115	low preGSI+DOW 3		
92	12.470	16.208	1.30	37.22%	54.88%	1.47	YES 56	116			
93	9.034	41.693	4.62	9.98%	42.11%	4.22	NO*	117-118	low pre review CA?		
94	24.179	139.297	5.76	37.39%	84.83%	2.27	YES 57	119	vy large increments		
95	27.329	58.116	2.13	40.56%	71.92%	1.77	YES 58	120			
96	22.711	137.348	6.05	19.83%	74.25%	3.74	YES 59	121	vy large increments		
97	24.291	158.551	6.53	25.09%	79.77%	3.18	YES 60	122	vy large increments		
98	23.755	138.600	5.83	36.49%	85.27%	2.34	YES 61	123	vy large increments		
99	23.755	4.441	0.19	5.07%	12.27%	2.42	NO**	124	huge dose drop why		
100	23.978	139.090	5.80	37.19%	85.01%	2.29	YES 62	125	lage increments		
101	22.282	116.071	5.21	15.97%	62.58%	3.92	YES 63	126	vy large increments		
102	71.289	89.463	1.25	37.20%	54.21%	1.46	YES 64	127			
103	9.611	27.580	2.87	16.71%	49.06%	2.94	NO*	128-129	Must review 49%+		
104	10.851	9.577	0.88	14.03%	11.06%	0.79	NO***	130-131	GSI-Weldon Sprngs	Dose+PoC drop 21%	
105	43.225	108.875	2.52	35.90%	68.76%	1.92	YES 65	132			
106	6.611	15.165	2.29	0.00%	0.02%	BLANK	NO***	133	Is this CLL=ERROR?		

107	16.028	75.877	4.73	27.19%	72.44%	2.66	YES 66	134			
108	5.506	11.741	2.13	16.21%	38.53%	2.38	NO	135			
109	6.504	9.886	1.52	12.13%	19.86%	1.64	NO*	136	low dose+PoC why?		
110	6.725	15.612	2.32	5.62%	14.52%	2.58	NO*	137	low dose+PoC why?		
111	15.959	22.988	1.44	18.44%	33.09%	1.79	NO	138-139	Big wrk period list		
112	21.563	18.279	0.85	23.78%	27.24%	1.15	NO*	140	Dose drop PoC+15%		
113	30.725	30.398	0.99	39.19%	53.70%	1.37	YES 67*	141	Dose drop PoC>50%		
114	56.368	115.987	2.06	41.77%	66.27%	1.59	YES 68	142			
115	16.150	17.282	1.07	12.65%	19.66%	1.55	NO*	143	vy low dose+PoC		
116	3.001	11.683	3.89	5.09%	25.29%	4.97	NO*	144	vy low dose+PoC		
117	72.701	107.225	1.47	47.55%	70.13%	1.47	YES 69	145			
118	9.969	28.353	2.84	13.96%	39.18%	2.81	NO	146			
119	25.222	27.994	1.11	23.33%	30.56%	1.31	NO*	147	OffON work periods		
120 org1	2.986	3.189	1.07	2.17%	1.68%	0.77	NO*	148-149	Organ 1of2 Cs #120		
120 org2	2.425	2.589	1.07	0.97%	1.06%	1.09	NO*	148-149	residual period only		
121	15.013	23.851	1.59	11.18%	21.81%	1.95	NO	150	Battelle AppBB r0 ?		
122	13.298	67.065	5.04	34.99%	80.34%	2.30	YES 70	151	huge increments		
123	8.876	18.335	2.07	26.49%	53.00%	2.00	YES 71	152			
124	51.132	99.244	1.94	39.16%	63.20%	1.61	YES 72	153			
125	7.542	24.389	3.23	10.69%	39.63%	3.71	NO*	154	low pre dose +PoC		
126	49.125	129.378	2.63	40.19%	72.87%	1.81	YES 73	155			
127	15.094	6.886	0.46	17.72%	12.86%	0.73	NO**	156	Dose+PoC dropped		
128	27.949	166.091	5.94	47.30%	90.49%	1.91	YES 74	157	**Highest PoC so far**		
129	5.502	0.357	0.06	9.03%	0.61%	0.07	NO**	158	residual period only		
130	1.230	0.378	0.31	1.95%	0.76%	0.39	NO**	159	Battelle TBD AppBB		
131	0.230	0.039	0.17	0.27%	0.05%	0.19	NO**	160	Battelle residual per		
132	6.339	27.741	4.38	7.70%	37.06%	4.81	NO	161	Battelle residual per		
133	9.787	11.678	1.19	14.69%	25.34%	1.72	NO	162	Battelle AppBB r0?		
134	5.506	22.498	4.09	4.98%	25.70%	5.16	NO*	163	AppBB op+residual		
135	5.447	7.608	1.40	7.02%	9.57%	1.36	NO	164	residual period only		
136	46.694	58.255	1.25	31.27%	43.86%	1.40	NO***	165-166	**GSI+DOWresidual 4**		
137	5.131	16.898	3.29	43.15%	80.55%	1.87	YES 75	167	low dose lg PoC rise		
138	76.145	105.391	1.38	48.53%	67.75%	1.40	YES 76	168			
139	26.041	142.182	5.46	43.48%	86.20%	1.98	YES 77	169	huge increments		
140a	24.931	85.291	3.42	1.22%	10.26%	8.41	NO*	170	Lg Dose vy low PoC		
140b dupe	24.931	85.291	3.42	1.22%	10.26%	8.41	NO*	171	**DUPE of Page 170**		
141	7.057	25.411	3.60	10.70%	39.07%	3.65	NO	172			

142	51.671	77.279	1.50	38.06%	**62.82%**	1.65	**YES 78**	**173**			
143	4.740	3.119	0.66	2.17%	1.88%	0.87	**NO***	**174**	Batt TBD6K appBB		
144	24.915	121.452	4.87	21.94%	**68.58%**	3.13	**YES 79**	**175**			
145	59.077	71.015	1.20	37.20%	48.80%	1.31	**NO*****	**176-177**	**GSIresidual+DOW 5**		
146	1.767	8.688	4.92	17.19%	41.99%	2.44	**NO***	**178**	Vy Low Doses why?		
147	5.502	2.621	0.48	9.03%	6.27%	0.69	**NO***	**179**	Vy Low Dose +PoC		
148	2.139	9.848	4.60	4.61%	25.62%	5.56	**NO***	**180**	Battelle AppBB r0 ?		
149	24.050	49.237	2.05	33.79%	**66.97%**	1.98	**YES 80**	**181**			
150	43.106	159.817	3.71	30.58%	**88.25%**	2.89	**YES 81**	**182**	huge increments		
151	1.423	1.183	0.83	0.73%	0.83%	1.14	**NO***	**183**	Battelle AppBB r0 ?		
152	77.935	108.160	1.39	48.27%	**68.95%**	1.43	**YES 82**	**184**			
153	20.193	123.086	6.10	30.11%	**81.37%**	2.70	**YES 83**	**185**	huge jumps -why?		
154	14.949	25.489	1.71	13.30%	30.20%	2.27	**NO***	**186-187**	**GS+DOWresidual 6**		
155 org1	6.398	21.051	3.29	12.68%	43.67%	3.44	**NO***	**188-189**			
155 org2a	4.060	10.846	2.67	3.64%	13.25%	3.64	**NO***	**188-189**			
155 org2b	4.060	10.846	2.67	3.64%	39.77%	10.93	**NO***	**188-189**	giant PoC increase!		
155a combo	10.458	31.897	2.67	15.86%	**51.13%**	3.22	**YES 84**	**189**	giant PoC increase!		
155b combo	10.458	31.897	2.67	15.86%	**66.07%**	4.17	**YES 84**	**189**	giant PoC increase!		
156 org1	23.272	148.934	6.40	33.99%	**85.19%**	2.51	**YES 85**	**190**	Huge Org1 dosePoC		
156 org2	15.974	2.621	0.16	19.93%	**69.57%**	3.49	**YES 85**	**190**	**Dose2 huge DROP!**		
156 combo	39.246	151.555	3.86	47.15%	**95.19%**	2.02	**YES 85**	**191**	**HIGHEST PoC! So far**		
157	23.343	128.219	5.49	15.09%	**61.69%**	4.09	**YES 86**	**192**	huge increments!		
158	18.528	34.055	1.84	21.91%	43.85%	2.00	**NO***	**193**	near limit review		
159	18.661	32.575	1.75	26.12%	**51.25%**	1.96	**YES 87**	**194-195**	**GSI+DOW 7**		
160	27.427	163.035	5.94	46.81%	**89.62%**	1.91	**YES 88**	**196**			
161	4.770	13.587	2.85	5.96%	23.61%	3.96	**NO***	**197**	Low dose + PoC why		
162	9.841	40.954	4.16	10.30%	41.45%	4.02	**NO***	**198**	Low dose +PoC why		
163	9.408	35.545	3.78	13.26%	44.47%	3.35	**NO***	**199**	review near limit		
164	9.205	34.591	3.76	10.78%	34.90%	3.24	**NO*****	**200-201**	**GSI+DOW 8: yrs?**		
165	12.535	37.035	2.95	19.50%	53.01%	2.72	**YES 89**	**202**	**GSI + DOWinc. 9**		
166	7.794	0.483	0.06	8.50%	12.36%	1.45	**NO***	**203**	Battelle AppBB r0 ?		
167	2.362	0.000	0.00	9.76%		0.00	**NO********	**204**	**Zero Dose+PoC error**		
168 org1	4.596	22.167	4.82	5.18%	32.30%	6.24	**NO**	**205-206**	Battelle AppBB r0 ?		
168 org2	6.020	24.773	4.12	9.04%	42.44%	4.69	**NO**	**205-206**	Battelle AppBB r0 ?		
168 combo	10.616	46.940	4.42	13.75%	**61.03%**	4.44	**YES 90**	**206**	Battelle AppBB r0 ?		
169	5.502	74.471	13.54	9.03%	**60.68%**	6.72	**YES 91**	**207**	**Highest DPoC incr.**		
170	16.183	96.754	5.98	23.91%	**75.11%**	3.14	**YES 92**	**208**			

171	13.939	10.875	0.78	9.16%	14.30%	1.56	NO*	209	Low Dose drop PoC		
172	9.980	24.826	2.49	12.09%	35.04%	2.90	NO*	210	Low Dose+PoC why?		
173	36.072	40.119	1.11	31.31%	55.95%	1.79	YES 93	211			
174	4.303	13.142	3.05	5.02%	20.32%	4.05	NO*	212	Low Dose+PoC why?		
175	0.230	0.131	0.57	0.36%	0.21%	0.58	NO*	213	AppBB r0? Residual		
176 org1	5.966	31.842	5.34	7.35%	43.24%	5.88	NO	214			
176 org2	3.816	16.091	4.22	4.75%	25.45%	5.36	NO	214			
176 combo	9.782	47.933	4.90	11.75%	57.69%	4.91	YES 94	215	Org1 + Org2 type CA		
177	29.179	85.507	2.93	31.88%	68.72%	2.16	YES 95	216			
178	3.917	5.304	1.35	5.37%	5.92%	1.10	NO	217	residual period only		
179	6.458	14.762	2.29	7.00%	22.01%	3.14	NO*	218	Battelle AppBB r0?		
180	26.726	163.767	6.13	27.65%	78.00%	2.82	YES 96	219	huge dose increase		
181	1.679	2.273	1.35	3.96%	5.22%	1.32	NO	220	residual period only		
182	98.439	174.616	1.77	48.15%	71.08%	1.48	YES 97	221-222	Vy high dose OrgCA?		
183 org1	4.342	5.880	1.35	6.28%	8.14%	1.30	NO	223	Low Org + CA?		
183 org2	3.544	4.799	1.35	11.14%	15.80%	1.42	NO	223	Low Org + CA?		
183 org3	3.544	4.799	1.35	1.51%	2.03%	1.34	NO	224	Low Org + CA?		
183 org4	3.419	4.629	1.35	5.38%	7.02%	1.30	NO	224	Low Org + CA?		
183 org5	3.544	4.779	1.35	1.18%	2.03%	1.72	NO	225	Low Org + CA?		
183 org6	3.544	4.799	1.35	12.40%	16.12%	1.30	NO	225	Low Org + CA?		
183 org7	3.544	4.799	1.35	12.40%	16.12%	1.30	NO	226	Low Org + CA?		
183 combo	25.481	34.484	1.35	41.15%	51.43%	1.25	YES 98	226	Batt.AppBB residual		
184	7.249	25.316	3.49	10.31%	38.96%	3.78	NO*	227	Battelle AppBB r0?		
185	180.963	254.276	1.41	42.16%	48.49%	1.15	NO****	228	PoC Error giant dose		
186	6.921	1.161	0.17	30.12%	10.53%	0.35	NO****	229	Fails face validity		
187	9.509	30.171	3.17	25.06%	65.19%	2.60	YES 99	230-231			
188	22.768	49.266	2.16	18.66%	23.81%	1.28	NO***	232	Fails face validity		
189 org1	0.367	1.511	4.12	4.59%	20.22%	4.41	NO**	233	Battelle AppBB r0?		
189 org2	0.388	1.532	3.95	3.99%	20.36%	5.10	NO**	233	Battelle AppBB r0?		
189 combo	0.775	3.043	3.93	8.40%	36.46%	4.34	NO**	234	Battelle AppBB r0?		
190	8.639	13.662	1.58	22.48%	47.58%	2.12	NO*	235	review near limit		
191 org1	0.361	0.491	1.36	0.33%	0.47%	1.42	NO*	236	Battelle AppBB r0?		
191 org2	0.843	7.670	9.10	1.14%	8.25%	7.24	NO*	236	Battelle AppBB r0?		
191 combo	1.204	8.161	6.78	1.47%	8.68%	5.90	NO*	237	Battelle AppBB r0?		
192	5.502	2.621	0.48	9.03%	6.27%	0.69	NO***	238	Battelle AppBB r0?		
End of Cases								end of CD			

GSI-PER-057_15-00490b.HTML

Claim (b)(6)

Total assigned dose

(b)(6)

Dose Categories	Current Dose (rem)	PER Dose (rem)
External	23.617	130.817
Medical X-ray	1.173	N/A
Internal	29.043	N/A
Total	**53.833**	**130.817**

PoC

	PoC
Current DR	46.98%
PER DR	78.07%

External Dose:

Table 8 "(b)(6)" values assigned for years (b)(6)

Table 11 "Residual Period" dose values assigned for years (b)(6).

Dose for years (b)(6) and (b)(6) was pro-rated for partial year of site operations.

(b)(6)

PER 24 : General Steel Industries TBD Approval [14 KB (1 page)]

Document Number: OCAS-PER-0024 Rev-00

About this Document: New document to determine which previously completed claims require evaluation for the effect of approving a GSI TBD.

Approved: September 25, 2007

Summary: There were 4 General Steel Industries claims completed with a probability of causation below 50% prior to the approval of the TBD. These were completed using ORAUT-OTIB 0004. Since the new document describes a higher dose for some of the dose estimate, it is necessary to revise these dose estimates to determine the effect. NIOSH is requesting that these claims be returned for a new dose estimate. A new dose reconstruction will be completed for eac of the claims using the latest revision to the General Steel Industries TBD.

Submission to NIOSH Docket 140

by Daniel W. McKeel, Jr., MD

"The Four GSI Completed Dose Reconstructions Reviewed by the Dose Reconstruction Subcommittee With Wanda Munn as Acting Chair on 10/29/2014"

(version 1.0, Feb. 8, 2016)

Executive Summary

The purpose of this paper is to comment on four General Steel Industries cases that were discussed superficially at the October 29, 2014 meeting of the Dose Reconstruction Subcommittee (DRSC) of the ABRWH. I contend the DRSC failed to review these 4 GSI cases with the same rigor used for all other DRSC completed DR case reviews. The documents I will cite strongly suggest the DRSC Acting Chair, Wanda Munn, together with the designated federal official Ted Katz, deliberately by-passed normal DRSC operational procedures of discussing each SC&A Finding and observation *individually*, in order to ensure these 4 GSI cases were included in the second DRSC "roll up" report to the HHS Secretary. As a result, I believe that including these four GSI cases in the statistics for the DCAS Sites 10th to 13th Sets in the roll-up report to the HHS Secretary represents a scientifically dishonest and misleading rendition of how these cases were mishandled by DRSC. Two of these cases were flagged by SC&A as early as 2009. Dan McKeel had an extensive e-mail correspondence with DFO Ted Katz, and former and present DRSC chairs Mark Griffon and David Kotelchuck, trying to find out whether and when DRSC would review the four GSI cases.

(1) Perfunctory reading of the SC&A Findings Matrix. Acting Chair Munn invoked the unusual and scientifically unacceptable procedure of having DRSC participants silently read through Pages 1 through 11 of 25) of the SC&A Findings matrix instead of having the usual in depth oral discussion of each Finding separately. It took Dan McKeel 8 minutes and 57 seconds to silently read through the 11 pages. Ms. Munn allowed only about two minutes for this task. Thus, the DRSC participants could NOT have read through these findings and resolutions in the time Ms. Munn allotted to them. And, as the relevant transcript shows (ATTACHMENT A), not a single ABRWH member had any comments during this silent reading or anywhere in the 11 pages of GSI-related 10/29/14 DRSC transcript in spite of several typos (ex. "aggress" instead of "agrees"). Almost all of the NIOSH and SC&A responses avoided the actual issue altogether and resorted instead to stating the TBD-6000 work group had discussed all of these matters and resolved

them "*in principle.*" SC&A recommended that multiple Findings be "*placed in abeyance until SC&A reviewed the TBD which we received on July 3, 2014.*"

(2) Silent reading means the actual GSI case errors by NIOSH using GSI Appendix BB Rev 0 were not placed on the record. There was NO (zero) discussion of the real facts in each case.

(3) Dan McKeel attended or listened to and usually participated actively in making comments to the initial TBD-6000/6001 and Appendix BB, and to the subsequently formed TBD-6000 work groups (WG). His recollection of the WG discussions alluded to by SC&A in this matrix do NOT match his notes on the actual WG meeting discussions.

(4) The issue date of Rev 1 (revision number one) of GSI Appendix BB to TBD-6000 was June 6, 2014. Rev 0 of Appendix BB was dated 6/25/2007. SEC-105 co-petitioner Dan McKeel submitted his critique of Appendix BB Rev 1 on 7/21/14. It is unclear why it took 27 days for NIOSH to transmit the Rev 1 document to SC&A.

(5) Of particular interest and importance to SC&A's oft repeated 10/29/14 findings matrix statement under **SC&A Response** that "...*we recommend that this item remain in abeyance until SC&A has an opportunity to review the revised site profile, which we received on July 3, 2014*" is the fact that SC&A had ample to time to submit its review of Rev 1 before the DRSC met on Oct. 29, 2014. The time elapsed between 7/3/14 and 10/29/14 is 118 days.

(6) The 11 pages of the 10/29/14 SC&A Findings matrix provided to Dan McKeel by DFO Ted Katz is included as ATTACHMENT B to this document.

(7) Ted Katz overruled the Findings which SC&A recommended be placed in abeyance until SC&A reviewed Appendix BB Rev 1 should, instead be closed. This was scientifically improper for several reasons: (a) the action on Mr. Katz' part exceeds his duties as DFO; he is NOT a scientific member of the DRSC; (b) Most SC&A responses to the 10/29/14 GSI Findings Matrix pages 1-11 are predicated on a later examination by SC&A and report to DRSC based on the SC&A review of Rev 1 that was not released until 5 days after the DRSC met on 10/29/14. Further, it should be noted the DRSC has not completed its 2nd roll-up report of Sets 10 through 13 to the HHS Secretary. This is an agenda topic for the February 10, 2016 DRSC meeting. Most disturbing is the fact that, to my knowledge, the DRSC never addressed any of the GSI Findings on pages 1-11 of the DRSC Findings Matrix subsequently to this date 2/10/16.

Summary of Executive Summary. For multiple reasons stated herein, these four GSI cases have not been reviewed by DRSC with sufficient rigor, by usual DRSC review methods that are applied to other sites, and therefore should not be included as "reviewed" in the summary statistics the ABRWH and DRSC plans to report ot the HHS Secretary. Dan McKeel plans to share these concerns with multiple officials at HHS, including the HHS Secretary directly.

Subcommittee Board members present at the 10/29/14 DRSC meeting were (Acting Chair) Wanda Munn, Bradley Clawson, John W. Poston, Sr. and David Richardson. Doug Farver of SC&A recorded the DRSC Findings. John Mauro of SC&A took part in the GSI cases discussed on pages 61-89. The meeting commenced at 10:30 AM ET and adjourned at 1:25 PM without participants having a lunch break.

Dan McKeel, the GSI SEC-105 co-petitioner with a known long-term interest in the GSI cases under review listened to the GSI portion of the meeting but was not allowed to comment.

The main purpose of this white paper is to strongly object to the process the DRSC used to consider the 4 GSI cases. The evidence I will use to support my position includes an analysis of the following documents:

(a) E-mails between myself and the DRSC Chairperson in absentia 10/29/14, Dr. David Kotelchuck;

(b) E-mails between myself and the DFO Ted Katz prior to and following the 10/29/14 DRSC;

(c) The case matrix that contained the SC&A Findings on the four GSI cases (pages 1-11 of 25), and;

(d) The 141 page verbatim transcript by Neal R. Gross, Court Reporters and Transcribers, 1323 Rhode Island Ave., N.W., Washington, DC 2005-3701 of the DRSC meeting of the ABRWH held on October 29, 2014.

It is important to note that DRSC chairman David Kotelchuck was absent during this DRSC meeting due to a family emergency. Board member Wanda I. Munn served as Acting Chair. Ms. Munn is a member of the TBD-6000 work group that deliberated on revision 1 (June 6, 2014) of Appendix BB Rev 0 (June 25, 2007) for *seven years.* This same WG, of which Mr. Clawson and Dr. John Poston are members, also recommended in 2012 that GSI SEC-105 be denied to the full Board. The full Board concurred with the WG's and NIOSH's recommendations to deny SEC-00150 by a 9 yes to 8 no vote close margin on 12/11/12. The HHS Secretary issued her letter to deny GSI SEC-00105 in a letter dated 3/6/13.

The DRSC has scheduled another meeting on 2/10/16 to hold further discussions on the second report to the HHS Secretary. A copy of the Executive Summary of this paper will be forwarded to the chairman, Dr. David Kotelchuck by e-mail prior to this meeting.

The relevant text from the 141 page 10/29/14 DRSC meeting official verbatim transcript by is recorded on pages 61-89.

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1 item from our list. We'll try to remember that 2 for the agenda next time, to check to make sure 3 that's occurred. 4
I'm sure they will keep us on point 5 with that. Thank you very much. And that 6 being the case, any other comments about the 7 work we've done so far? Are we ready to take 8 over the DCAS Site Matrix? 9
MR. FARVER: Yes, let me -- I'm 10 going to go back to that matrix and put a little 11 note in there about Simonds Saw, because 12 otherwise I might forget. 13
ACTING CHAIR MUNN: Yeah, let's do 14 give ourselves a couple of seconds here for Doug 15 to take care of his administrative burden. 16
(Pause.) 17
MR. FARVER: Okay. That will take 18 care of it. That will remind me. 19
ACTING CHAIR MUNN: Great. Thank 20 you very much. It looks like our first item is 21 from the 10th set, General Steel, 220.1,22

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1
MR. FARVER: Correct. And the 2 first one is Case 220, General Steel. The 3 issue is [that] occupational medical dose 4 should have included PFG exams. 5
If you remember, a long time ago we 6 were still concerned that AWEs may have had PFG 7 exams. And since then, we have discussed this 8 and have put it to rest. And I believe it's 9 even in the documentation now that they are not 10 to be included for AWEs. I know it is. I've 11 read it before. But I can't quote it to you off 12 the top of my head. So this is an old issue that 13 was really addressed long ago. 14
ACTING CHAIR MUNN: Yes. The 15 Subcommittee has long ago made its 16 determination in this regard. This is just an 17 outline that we need to agree upon, and if you 18 have any comments or concerns, please express 19 it at

this time. As Doug has already said, we've done this long, long ago.
ACTING CHAIR MUNN: Alright. We

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Steel, Finding 220.1. This item is now closed.
MR. FARVER: Okay. The next one is 220.2.
ACTING CHAIR MUNN: CATI report concern.
MR. FARVER: I'm going to ask John Mauro if he has any input on this General Steel case.
ACTING CHAIR MUNN: Are you there, John? Are you with us?
(No response.)
MR. FARVER: He may not be.
ACTING CHAIR MUNN: It looks like we may have lost him.
MR. FARVER: Okay. In any case, it has to do with some information in the CATI report about the Betatron area. And in the response from July, the issues have been evaluated by the Work Group and there's an agreement in principle that the methods used in the dose reconstructions adequately addresses

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management of the radium source.
So it was handled in the Work Group. And based on the work that was done in the Work Group, I believe they have put this issue to rest.
ACTING CHAIR MUNN: It has been discussed at great issue, at great length. And it has been agreed that was the general process and there is no outstanding issue in this regard, to my knowledge, in the Work Group.
If there are concerns from the other Subcommittee Members please express them now, otherwise we will accept the SC&A recommendation to close.
(No response.)
ACTING CHAIR MUNN: Hearing none, Finding 220.2 for General Steel is now closed. And we move on to Observation 1.

MR. FARVER: Observation 1. When we reviewed TBD-6000, Appendix BB, we weren't real happy with the external exposure rate,

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The Work Group has completed their review, and the new Appendix BB has been drafted and approved. Well, we should have reviewed that by now. It says that, "until we've had an opportunity to review the Site Profile."
Now, just for my general information, is that something we would do as part of the Work Group, our person on the Work Group, you know, would be assigned to review the profile?
MR. KATZ: Doug, I mean, it would be helpful actually to get John Mauro on the line for these. But I can just tell you that, yeah, I guess this was written -- this is sort of -- I don't know when this was written, the SC&A response. But it's old.
MR. FARVER: It's old?
MR. KATZ: Yes, that's the problem. So that work has all been done. The TBD Appendix for this site has been updated and

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these were substantive changes to methodology. So that's how these things were resolved.
MR. FARVER: Right. And, you know, it's my fault. I didn't have this marked as an SC&A action, probably because it's under observation. But I should have and I hope we don't come across any findings that I messed up like that.
ACTING CHAIR MUNN: I think that's unlikely.
MR. STIVER: Doug, this is Stiver. Bob Anigstein just got finished up reviewing the latest revision to GSI and I think it's now in NIOSH's hands to try to resolve some of this stuff.
So it's the kind of thing that our review was just recently -- I believe it was an action that was taking place last month.
MR. KATZ: No, Bob's review is not out and published yet.

MR. STIVER: It's not -- excuse me, 22

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1 process of being finalized. 2
MR. KATZ: Right. It will be out 3 soon, I expect. But it's not out. 4
MR. STIVER: Let me see if I can get 5 John Mauro back on the line here. Hang on just 6 a minute. 7
MR. FARVER: I'm putting a note in 8 here that we need to, that SC&A needs to review 9 this per these issues. 10
ACTING CHAIR MUNN: Both 11 observations are -- this is well underway. 12
MR. KATZ: Well, yeah, I mean, 13 right. Let's wait, I guess, to see if we can 14 get John on the line. 15
ACTING CHAIR MUNN: Yeah, it would 16 be helpful. 17
MR. FARVER: Because I see, for the 18 next case, it's a finding that to close it out 19 we need to review the TBD. 20
MR. KATZ: Yeah, in effect, all of 21 these, I think. John will tell you all of these 22

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1 with the TBD that were then addressed by the 2 Work Group and resolved by the Work Group and 3 resulted in very substantive changes to the 4 TBD. 5
ACTING CHAIR MUNN: Yes, they were 6 and are substantive. 7
MR. KATZ: Right. 8
ACTING CHAIR MUNN: And we will -- 9 the PER is a given. 10
MR. FARVER: Okay. I'm going to 11 put it in there. It's going to show up as a 12 couple of findings that I'm still going to keep 13 open, pending an SC&A review, which we should 14 have done before but we will do -- 15
MR. KATZ: Well, yeah, I'm not sure 16 that you're going to leave these open actually 17 here, because the review of the methodology 18 related here has already been done by the Work 19 Group. But let's wait for John. 20
ACTING CHAIR MUNN: Yeah, and -- 21
DR. MAURO: I'm here. 22

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MR. KATZ: Oh, okay.
DR. MAURO: This is John. The reason I was off is I was having a little trouble getting on Live Meeting and I was trying to get some help with Laurie Loomis and for some reason I'm being blocked.
So I do have the files in front of me, the two of them, one called "Remaining Case Files" and the other called "DCAS Sites." So I have those matrices in front of me, but I'm not on Live Meeting with you. But I think I should be able to follow along.
MR. KATZ: Thanks, John.
ACTING CHAIR MUNN: John, we're working on the "DCAS Sites" and we've completed the other matrices. And we're now in the DCAS sets and we are dealing with the first items there that are involved with General Steel.
And those GSI items, starting with the 239, are referencing the activities in the Work Group with respect to Appendix BB and where we are with that. And that's what the

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MR. KATZ: Wanda, this is Ted. I'm sorry. But can we go back? I think, really, why don't you let John address, starting with 220.2.
ACTING CHAIR MUNN: Fine.
MR. KATZ: Because I think that could use John's explanation.
ACTING CHAIR MUNN: Very good.
DR. MAURO: 220.2.
MR. KATZ: Right, right. The very beginning, John.
DR. MAURO: I'm right there at the very beginning. It starts with 220.
MR. KATZ: 220.1 is PFG and that Doug handled ably. But 220.2 is sort of, would be much easier for you to handle than --
DR. MAURO: Okay. I noticed that we have an SC&A

suggested action to close on my matrix.
ACTING CHAIR MUNN: Yes. And we actually have said that we would do that but

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explanation here. And we're asking you for a little more enlightenment.
DR. MAURO: I'll do the best I can. I did call Bob Anigstein, who was really the author of all of this, to see if he would join us. In fact, probably the smart thing to do, quite frankly, is for me rather than try to fake it --
MR. KATZ: John, if you look, if you just give it a look. I mean, this is, you were there for the whole, you know, all that work on GSI. And this is --
DR. MAURO: I have been.
MR. KATZ: It just needs some explanation for the Board Members who aren't on the Work Group [so they] can follow along.
DR. MAURO: I'm reading real quick. Give me a second. Because I've been over this before, but I can tell you I didn't look closely because I thought it was closed and I thought that we were going to be moving on. But let me

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Yeah, there was quite a bit of extensive discussion regarding the radium lost sources. There's no doubt about it. And the way it was put to bed was it was judged, first, there was no explicit information that there was in fact this radium source.
It was through interviews with workers that they believed that there was a source that was mishandled. And there was some indication that was in fact a real scenario. And the agreement was that, well, granted that there may have been such an incident. What do you do with this, when you have a word-of-mouth position, and that maybe it occurred, maybe it didn't occur? And the way in which it was left is that, you know -- that, of course, would be for a particular worker -- a couple of things were done.

One was to say that, well, you know, 20 unless we have a real worker, where we know 21 there was an incident and he was involved, we 22

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1 we actually have a case where we're going to try 2 reconstruct the doses because of this 3 mishandling. That would be for the worker that 4 would have, in theory, have taken the source 5 away and brought it home with him. 6
So that was one aspect of it. It 7 was agreed that until we have to deal with the 8 real worker that was in fact in his CATI or there 9 was some evidence that was the case. 10
The other side of it had to do with 11 the mishandling of radium sources in general, 12 whereby they may have been left open, there may 13 have been inadequate barriers while the radium 14 source was used for non-destructive testing. 15
And both Bob Anigstein and Dave 16 Allen both set up models to say, okay, let's 17 postulate that such mishandling occurred. It 18 was left out without adequate control. And 19 they simulated, and there was agreement by the 20 Work Group with Paul that, well, yes, we'll 21 assume that the workers were working in the 22

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1 this open source without adequate controls of 2 somewhat of a barrier around it. 3
So it was part of a simulation. And 4 the doses were calculated. And it was found 5 that those doses did not contribute, were 6 considered in the scenario that was used to 7 reconstruct the doses. Because, as you know, 8 all doses at this facility are based on, 9 basically, simulations of external exposure 10 and internal exposure. There are no, during 11 certain time periods, during the radium period 12 where this issue has come up, there are really 13 no dosimetry records of any type. So 14 everything is based on these simulations. 15
And this issue with the Work Group 16 with Paul has been

closed. That is, it was 17 decided that both the issue for the person 18 himself who might have handled that would be 19 dealt with on a case-by-case basis. 20
And second, other people that might 21 have been in the vicinity of, let's say, an 22

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1 those doses were taken into consideration 2 through the modeling effort that was done 3 independently by both SC&A and NIOSH. 4
So that's where that issue stands. 5 Now, that all being said, that was in 6 discussions that were held during the TBD-6000 7 Appendix BB Work Group meeting. Now, where we 8 stand as of today, is that NIOSH has in fact 9 issued an Appendix BB revised that reflects 10 five years' worth of work. 11
SC&A, Bob Anigstein, has reviewed 12 it, has completed his review and we're probably 13 a day away from delivering our review of this 14 revised Appendix BB. And so NIOSH hasn't yet 15 seen, we do have some comments. Now, the 16 degree to which I reviewed that, this issue is 17 not an issue in the latest version of Appendix 18 BB. 19
MR. KATZ: Okay, thanks. 20
DR. MAURO: That's the best I can 21 do. I wish I could do better. 22

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1 helpful. And I think the point you make, that 2 should be clear, is that the methods have been 3 changed as a result of this extensive review. 4
DR. MAURO: Absolutely. 5
MR. KATZ: So that's how this 6 finally gets put to bed. 7
DR. MAURO: Yeah. And, of course, 8 I think that, certainly to close the loop again, 9 some type of note perhaps from Paul to this 10 effect, because that was agreed upon and it's 11 actually in the transcripts of the meeting. 12
But I could tell you, from reading 13 the report, the latest review, I can say that 14 I don't recall seeing this particular question 15 explicitly addressed in the

latest version of Appendix BB. But, of course, I could always take another look at it. But it certainly is in the transcripts.
ACTING CHAIR MUNN: I think that's probably all we need, John.
DR. MAURO: Okay.

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much. And we have taken the action to identify that particular finding 220.2 as closed.
DR. MAURO: That's what I would say is the reason it was closed. And I think that rationale still holds.
ACTING CHAIR MUNN: Yeah, I think we're clear on that. Thank you for the elucidation. It's very helpful. Now we're on to Observation 1, I believe.
MR. FARVER: Correct. Observation 1 has to do with the default external exposure rate for non-Betatron workers. John, do you know if this has been --
DR. MAURO: Oh, now we're getting into the -- they're getting a lot easier now.
All of this has been revised. Let's talk with Observation 1, regarding this .72 mR per hour. This whole issue has been reviewed, revised. It is now addressed explicitly in Appendix BB. The issue has been

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1. resolved in principle. We do have some comments, which I would consider to be of marginal importance in terms of just clarifying, which you haven't seen yet. You will see that within a week, I would imagine. When I say you, I mean NIOSH and the Work Groups.
So this is a Site Profile issue that I believe has been resolved in principle. And you're really just waiting to see through the issues resolution process out of Appendix BB. The plan hasn't changed. All this .72 mR per hour business, you know, has been revised. And the whole Appendix BB approach has been substantially revised.
ACTING CHAIR MUNN: Fine. Thank you, John. The response that we have is that the item is in abeyance

until the Site Profile 17 review is available. And we're hearing, I 18 think, that's going to take place imminently. 19
DR. MAURO: Yes. 20
ACTING CHAIR MUNN: And my 21 observations on this observation, and 22

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1. Observation 2 as well, is that these will be 1 resolved by the actions that are going to be 2 forthcoming between now and the next meeting of 3 this Subcommittee. I'm assuming that we can 4 leave these two observations as they are, 5 pending our status at the next meeting will have 6 changed, I think, most of these. 7
Is there any suggestion that we 8 proceed in any other fashion? 9
(No response.) 10
ACTING CHAIR MUNN: If not, then 11 let's move on to the next finding, number 239.1. 12
DR. MAURO: Same thing. 13
ACTING CHAIR MUNN: This is 14 modeling of photon doses to the personnel. 15
DR. MAURO: I mean, we're dealing 16 with, again, a complete rewrite, revision, 17 except for the item that's closed, the second 18 one where it deals with PFG. Of course, we can 19 close that for the same reason we closed it 20 previously. 21
ACTING CHAIR MUNN: Correct. 22

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1. DR. MAURO: But everything else, I 1 believe, is still in a state of -- in abeyance, 2 agreed in principle, you know, and we're 3 waiting on the close out of any residual issues 4 as a result of SC&A's review of the latest 5 version of Appendix BB. 6
MR. KATZ: John, I think, actually, 7 these things can be closed for the DR 8 Subcommittee. The reason why I think that is, 9 regardless of what further discussion there may 10 be on the revised Appendix, what is agreed upon 11 is that the old methods were not adequate and 12 were

changed.
DR. MAURO: Right, right.
MR. KATZ: And that's a fact. And that can be dealt with, right?
DR. MAURO: And I'll take it a step further. I would say all the issues have been resolved during the Work Group meetings. And the only thing that's sort of still to rub is that, when getting down to the final version of Appendix BB where we were asked to look at it,

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there was some language in there and there are some issues that are discussed in manner that we still want to sort of like polish the apple a little bit.
MR. KATZ: But I guess my point for Wanda and the Subcommittee to consider is, as far as the Subcommittee is concerned, these cases are reviewed. They are effectively reviewed by the results of the TBD-6000 Work Group work as well. And the findings hold that there were problems with these methods. So that's not going to change by any -- what John is talking about -- any cleaning up of the final issued TBD.
And so I think this Subcommittee is through with these, because it did find what it found and that holds up.
DR. MAURO: Yeah.
MR. KATZ: Yeah.
DR. MAURO: Absolutely.
MR. KATZ: So we don't need to hold up -- I'm concerned, I don't want to hold up the

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roll up for these things that are in abeyance when really they're all closed.
DR. MAURO: I've got [to] say, I agree that these have all been resolved. And the testament to that is contained in the transcripts of the Work Group meeting.
The only thing you really don't have is, you know, this process where the Work Group meeting then closes

the loop.
MR. KATZ: No, I know. But you have an updated TBD that changes these methods, which in and of itself indicates the methods were **adequate**. <=McKeel inadequate?"
DR. MAURO: Correct. Very good.
MR. KATZ: That's why I'm just suggesting to the Subcommittee that it actually close these so that these don't be left out of that roll up report.
DR. MAURO: I understand. And I agree.
ACTING CHAIR MUNN: And let me make the comment that these items run through Page 22

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of this particular matrix that we are observing now. And with only one or a few exceptions, the statements that we had been making here are broad enough to cover virtually all of these items and the wording in our SC&A response column pretty closely reflects that.
There are only one or two exceptions to that. And I would suggest that we take a couple of minutes here and let the Members of the Subcommittee go through these individually and take a look at the summary of findings and the current SC&A response and point out any items that you feel need specific addressing here beyond what we have done already.
Let's take just a couple of minutes to do that, through Page 10, please.
MR. FARVER: Wanda, for this Finding 239.1, it's a finding. So what I'm writing in there is the Work Group has revised the TBD. The Subcommittee agrees to close the finding. But SC&A will -- well, we've reviewed the TBD but I'm going to go back and add the date

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of the review when we've actually issued a report.
So it's closed. But SC&A has got the action of going back and including the data in the report. Is that adequate?
ACTING CHAIR MUNN: It is from my perspective.
MR. FARVER: Okay. And similar wording will probably

follow most of these 9 findings, and I'll add the title and the date 10 even to the observations just for completeness. 11
ACTING CHAIR MUNN: That's 12 appropriate. Let's give the other Members an 13 opportunity to read through these briefly. 14
DR. MAURO: I suspect that there 15 will be a PER after this Appendix BB and any 16 final cleanup of the issues resolution, which 17 should occur very quickly. Then there will 18 certainly be a PER and a lot of cases will be 19 reviewed. 20
ACTING CHAIR MUNN: I would 21 anticipate that. 22

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DR. MAURO: Yes. 1
(Pause.) 2
ACTING CHAIR MUNN: I'll give you 3 another 30 seconds or so, then we'll roll this 4 up. 5
(Pause.) 6
ACTING CHAIR MUNN: Alright. This 7 discussion that we've had takes us through the 8 end of Page 10. If there is anyone on the 9 Subcommittee who has any concern with our 10 dealing with these items in this way, please 11 just let us know. Anyone who feels rushed and 12 wants more time, please let us know. 13
(No response.) 14
ACTING CHAIR MUNN: Hearing none. 15 Yes, Doug, please proceed as we have indicated. 16 And we will consider, for purposes of this 17 Subcommittee, that the GSI items shown on this 18 matrix through Page 10 are now closed. 19
That brings us to Finding 221.1, 20 Hooker. Exposure period may exceed 5 percent 21 of the worker's time. 22

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DR. MAURO: This is John. I could 1 help out again here. 2
MR. FARVER: John, before you do 3 that, I just want to -- again, this more 4 bookkeeping -- but if you go to the top of Page 5 9, there's one General Steel finding about the 6 photon doses, and it was because a file was not 7 included, a NIOSH file. 8

We reviewed the file. Everything 9 is fine. This is a little different. We're 10 just going to close this one. I would suggest 11 closing this one. But it's a little different. 12 It's not a TBD issue. 13
ACTING CHAIR MUNN: Yes. That's 14 correct. It is different. This is very 15 specific to this claim itself and we should 16 address that separately. Thank you, Doug. 17
DR. MAURO: Doug, this is an 18 observation number you're looking at right now? 19
ACTING CHAIR MUNN: No, it's 310.1. 20
DR. MAURO: Oh, okay. 21
ACTING CHAIR MUNN: General Steel, 22

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from the 13th set. 1
DR. MAURO: Okay. Yeah, okay. 2
ACTING CHAIR MUNN: And the 3 contractor has suggested that this action is 4 complete and can be closed. Do I hear any 5 concern or comment with respect to that 6 suggestion? 7
(No response.) 8
ACTING CHAIR MUNN: If not then the 9 Subcommittee accepts the recommendation of 10 SC&A. 11
MR. KATZ: Doug, was that a QA, are 12 you saying? A QA issue? 13
ACTING CHAIR MUNN: It looks like 14 it is. 15
MR. FARVER: I'll have to go dig up 16 the case. I mean, I've got it here. You just 17 have to -- 18
ACTING CHAIR MUNN: It says 1966 19 correction, one year alone was -- it looks as 20 though the run was made and no change. 21
MR. FARVER: Okay, yeah. I 22

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probably would classify this as a QA error. It 1 was, "used value listed in Appendix BB for year 2 1966 and divided it by two to account for the 3 fact that the employee left GSI in the middle 4 of the year. However, the values listed for 5 that year already account for the fact that the 6 contract ended in June." 7
So they divided by two when they 8 really weren't

supposed to divide by two. They didn't need to.
So, yes, I would probably classify that as a QA concern. I will put that wording somewhere in there.
ACTING CHAIR MUNN: Thank you for catching that from the suggestion.
MR. FARVER: Now, I believe that's the only other outstanding finding that's different than the other issues we've talked about. In which case, I'll go back and add that wording to the findings and observations, but I won't take the Subcommittee's time now to do that.

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ACTING CHAIR MUNN: Thank you, Doug. That'll be great. Thank you much.
MR. FARVER: That would take us to Page 10, Page 11. Well, Hooker. Tenth set, Hooker, 221.1.
ACTING CHAIR MUNN: And I believe John said he has something to contribute here.
DR. MAURO: Yeah, there's an overarching matter, and then we can go through each item quickly to decide whether they could be closed notwithstanding the overarching issues. [end of GSI pages]
The Hooker process has some history... [more on Hooker Electrochemical site in New York]